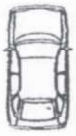
15/5/2010

INS. CASE OWNER: Chan Kian Meng | CC4/AIG20000586/Uda3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: MARCUS | DOI: 09/01/2020 | Date / Time : 08/01/2020 | Registered in Merimen: 09/01/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 6289G | Claim No. : 9150276497SG

Name of Insured : TAN SOON HENG | Policy No. : 1800022832

Insured Tel No. : 65534350 HP: +65-97808871 | Make / Model : MITSUBISHI OUTLANDER-2.0 (A)

Excess Sec II :S$ | D.O.A : 04/01/2020 | Place of Accident : JALAN BUKIT HO SWEE

Is driver the owner? (YES / NO) | Nature of Accident :

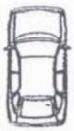
If NO, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) | Insured Liability : % Final ? Yes / No

FBN 790E → _____ → _____ → _____

INSRS:
WSP: EROFIA MOTOR
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBN 790E - X SLW 6289G - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher:	✓	
Final Repair Bill:	✓	
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD	✓	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ 1,500.00 (4 days) Reduction: 65 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 24/04/2020 Confirm with Lee Lee Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL | If NO or B 28, Ass. Lia :

Repair Cost: S$ 1,500.00

Loss of Rental (LOR): S$ - (days)

Loss of Use (LOU): S$ 100.00 ($ 20 x 5 days)

Loss of Income (LOI): S$ - ($ x days)

LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S$ -

Medical: S$ -

Disbursement: S$ - (e.g. Tow/ Independent)

Legal Cost S$ -

1) Claim status: Normal [redacted]

2) Report Format: TP

3) Survey fee: $320

Total: S$ 1,600.00 **Global Sum S$:**

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,600.00	Name 1:	Erofia Motor Trading Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	